PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 INSTRUCTIONS: This way should be use for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further configuration of maintenance fees will be mailed to the current correspondence address as indicated unless corrected believe the property of the (571) 273-2885 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 09/26/2005 Certificate of Mailing or Transmission Samuel H. Dworetsky I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. AT&T CORP. P.O. Box 4\10 Middletown, NJ 07748-4110 GLENNY (Depositor's name) Raymond Customer No. 26,652 ٥c

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|--|---|--|---|--|--|
| 09/884,723 | 06/19/2001 | Yi Hong | | | 1999-0255 | 2526 |
| • | ROPOSED SUITE OF MET | RICS FOR THE S | OFTWARE II | NDUSTRY25/2005 CNGUYE | N3 00000083 09884723 | |
| | | | | 01 FC:1501 02 FC:8001 | 1400.00 OP 3.00 OP | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | МО | \$1400 | | \$0 | \$1400 | 12/27/2005 |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS |] | |
| KHATRI, ANIL | | 2193 | | 717-144000 | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. (1) the or agen (2) the register 2 regist is itsed, 1 | | | | mes of up to 3 registered patent attorneys OR, alternatively, me of a single firm (having as a member a attorney or agent) and the names of up to edd/patent attorneys or agents. If no name is name will be printed. | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO E | SE PRINTED ON T | THE PATENT | (print or type) | | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified by 37 CFR 3.11. Completion | elow, no assignee of this form is NO | data will app T a substitute | ear on the patent. If an assig for filing an assignment. | gnee is identified below, the | document has been filed for |
| (A) NAME OF ASSIGN | | • | | E: (CITY and STATE OR C | | |
| | Corp. | | New | York, N | У . | |
| Please check the appropriate | assignee category or category | ories (will not be pr | rinted on the p | eatent): 🗆 Individual 🕱 | Corporation or other private g | roup entity Government |
| 4a. The following fee(s) are | enclosed: | 41 | D. Payment of | 1 '' | | |
| 133UC 1 CC | | | | k in the amount of the fee(s) is enclosed. | | |
| | | | | nt by credit card. Form PTO-2038 is attached. deficiencias | | |
| Advance Order - # o | f Copies <u>ONE</u> | , | The Direction Deposit Acc | ector is hereby authorized by ount Number 50.2396 | charge the required fee(s), o Axion (enclose an extra | copy of this form). |
| a. Applicant claims S | (from status indicated above MALL ENTITY status. See | 37 CFR 1.27. | | | ALL ENTITY status. See 37 (| |
| The Director of the USPTO | is requested to apply the Iss publication Fee (if required) ords of the United States Pa | sue Fee and Publica | ation Fee (if and different anyon of Office. | ny) or to re-apply any previous e other than the applicant; a re | usly paid issue fee to the appli- egistered attorney or agent; or | cation identified above. the assignee or other party in |
| Authorized Signature Typed or printed name _ | Raymond Raymond | Stem C. | Y âLEN | - / | on No. 32,41 | 3 |
| This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313 | -1430. | | | | y the public which is to file (a 2 minutes to complete, includ comments on the amount of at Trademark Office, U.S. De SS. SEND TO: Commissione it displays a valid OMB contribution. | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(Signature (Date)